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21861 U.S.PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	P-US-PR 1116
First Inventor	Manfred Droste
Title	CLUTCH FOR ROTARY POWER TOOL AND ROTARY POWER TOOL INCORPORATING SUCH CLUTCH
Express Mail Label No.	EU458612389US

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b>
See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 17] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]</p> <p>5. Oath or Declaration [Total Sheets ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>		
<b>ACCOMPANYING APPLICATIONS PARTS</b>		
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number				OR <input checked="" type="checkbox"/> Correspondence address below
Name	Michael P. Leary			
Address	Black & Decker			
	701 E. Joppa Rd., TW 199			
City	Baltimore	State	MD	Zip Code
Country	USA	Telephone	410/716-2773	Fax

Name (Print/Type)	Michael P. Leary	Registration No. (Attorney/Agent)	44,144
Signature			Date
			April 16, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

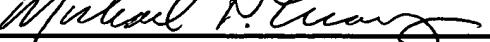
 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 964)

Complete if Known	
Application Number	N/A
Filing Date	04/16/2004
First Named Inventor	Manfred Droste
Examiner Name	N/A
Art Unit	N/A
Attorney Docket No.	P-US-PR 1116

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:				<b>3. ADDITIONAL FEES</b>											
Deposit Account Number		02-2548		Large Entity		Small Entity									
Deposit Account Name		Black & Decker (U.S.) Inc.		Fee Code	Fee (\$)	Fee Code	Fee (\$)								
<b>Fee Description</b> <b>Fee Paid</b>															
<table border="1"> <tr> <td colspan="4">The Director is authorized to: (check all that apply)</td> </tr> <tr> <td colspan="4"> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </td> </tr> </table>								The Director is authorized to: (check all that apply)				<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
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<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.															
<b>FEE CALCULATION</b>															
<b>1. BASIC FILING FEE</b>															
Large Entity		Small Entity		<b>Fee Description</b> <b>Fee Paid</b>											
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid										
1001	770	2001	385	Utility filing fee	770										
1002	340	2002	170	Design filing fee											
1003	530	2003	265	Plant filing fee											
1004	770	2004	385	Reissue filing fee											
1005	160	2005	80	Provisional filing fee											
SUBTOTAL (1)				(\$ 770)											
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>															
Total Claims		26	-20 **	= 6	X 18	= 108									
Independent Claims		4	-3 **	= 1	X 86	= 86									
Multiple Dependent					X 0	= 0									
Large Entity		Small Entity		<b>Fee Description</b> <b>Fee Paid</b>											
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid										
1202	18	2202	9	Claims in excess of 20											
1201	86	2201	43	Independent claims in excess of 3											
1203	290	2203	145	Multiple dependent claim, if not paid											
1204	86	2204	43	** Reissue independent claims over original patent											
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent											
SUBTOTAL (2)				(\$ 194)											
Other fee (specify) _____															
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 0)											

\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Michael P. Leary	Registration No. (Attorney/Agent)	44,144	Telephone	(410) 716-2773		
Signature				Date	April 16, 2004		

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